

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							51		2				
2		1					52		2				
3		2					53		2				
4		2					54		2				
5		2					55		2				
6		2					56		2				
7		2					57		2				
8		2					58		2				
9		2					59		2				
10		2					60		2				
11		2					61						
12		2					62						
13		2					63						
14	1						64						
15	1						65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
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30							80						
31							81						
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33							83						
34							84						
35							85						
36							86						
37							87						
38		2					88						
39		2					89						
40		2					90						
41		2					91						
42		2					92						
43		2					93						
44		2					94						
45		2					95						
46		2					96						
47		2					97						
48		2					98						
49		2					99						
50		2					100						
TOTAL IND.							TOTAL IND.	3					
TOTAL DEP.							TOTAL DEP.	68					
TOTAL CLAIMS							TOTAL CLAIMS	71					